



Dear Student:

Thank you for your interest in the Student Volunteer Program at Aria Health. Becoming a student volunteer involves making a commitment and being responsible and dependable.

Enclosed please find an application, two Letters of Recommendation and an immunization policy form. The Letters of Recommendation are to be filled out by your teachers. For verification of having received your measles, mumps and rubella vaccinations, please have your physician follow the instructions on the enclosed immunization policy form.

After your application is complete and your recommendation forms and immunization forms have been received, you will be contacted by the Volunteer Office to attend an Orientation, when a position becomes available.

Please return all correspondence to the Volunteer Office as soon as possible. If you have any questions, please call me at 215-612-4170. Thank you.

Sincerely yours,

*Caroline Williams*

Caroline Williams, BA, CHES, CTTS  
*Director, Volunteer Services*



Dear Parent and/or Guardian:

The Volunteer Services Department is delighted that your child is interested in serving as a student volunteer. On behalf of Aria Health, I would like to express my thanks for allowing your child to participate in this exciting program and, ultimately, to help us provide high-quality patient care services.

An important part of the volunteer program is the orientation session for the students before they begin their volunteer service. The session is mandatory and covers a variety of topics related to their volunteer experience. Please note that if your child cannot attend the orientation session, your child cannot volunteer.

Once given their assignments, students receive guidance and supervision from the staff in the department they are volunteering. Students are encouraged to ask questions and to learn as much as possible. On a daily basis, we try to make the volunteer experience a stimulating and enjoyable one.

Once the completed application, references and immunization form are received, and we have an opening, your child will be called to attend an Orientation. Please be sure to add your signature to page 3 of the application.

If you have any questions in the course of your child's participation in the program, please feel free to call the Volunteer Office at 215-612-4170. Thank you for your cooperation and support.

Sincerely,

*Caroline Williams*

Caroline Williams, BA, CHES, CTTS  
Director, *Volunteer Services*

**STUDENT VOLUNTEER APPLICATION**

(Students must be 16 years of age or older)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Birth Date \_\_\_\_\_ School: \_\_\_\_\_

Month/Day/Year

SSN: \_\_\_\_\_

At what location do you plan to volunteer? (Please circle one of the following)

Bucks County

Torresdale

Frankford

What day(s) will you be available to work? \_\_\_\_\_

What time(s) will you be available to work? \_\_\_\_\_

**\*If you are planning a summer vacation, it is mandatory  
that you inform the Director prior to orientation.**

Present Grade \_\_\_\_\_ Are you doing volunteer service for school credit? \_\_\_\_\_

If so, for what teacher/subject?

\_\_\_\_\_

Parent's or Guardian's Names

\_\_\_\_\_

Are you able to perform all functions of the positions for which you are applying with or without reasonable accommodations? \_\_\_\_\_

\_\_\_\_\_

Were you ever a volunteer in the past? \_\_\_\_\_ Where? \_\_\_\_\_

What do you want to do and see in the hospital as a volunteer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a member of any school or community activities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your hobbies and interests? \_\_\_\_\_  
\_\_\_\_\_

What do you plan to do after graduation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us about yourself, what are you proud of accomplishing? What is your best quality? Why do you wish to volunteer at Aria Health?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Student's Name (PLEASE PRINT)

\_\_\_\_\_  
Student's Signature

**PARENTS CONSENT**  
(MUST BE COMPLETED)

I hereby give my consent for my son/daughter (please print) \_\_\_\_\_  
Child's Full Name  
to take part in the Student Volunteer Program at Aria Health.

I understand that he/she will be required to have a PPD Tuberculin Skin Test and/or a Chest X-ray in addition to a required flu shot once a year before beginning service. These will be administered at the hospital's expense through our WorkHealth Department.

I understand that a criminal background check will be performed using my child's social security number before beginning service.

I understand that he/she will be required to purchase a uniform at the beginning of his/her volunteer experience.

**(IF A SUMMER VOLUNTEER)** I understand that my son/daughter is making a commitment of at least **6 WEEKS** of service to Aria Health in a dependable, responsible manner and I will support his/her efforts to do so.

\_\_\_\_\_  
Parent or Guardian

**(IF A YEAR-ROUND VOLUNTEER)** I understand that my son/daughter is making a commitment of at least **3 MONTHS** of service to Aria Health in a dependable, responsible manner and I will support his/her efforts to do so.

\_\_\_\_\_  
Parent or Guardian

Please return to:                      Volunteer Services Department  
Aria Health  
10800 Knights Road  
Philadelphia, PA 19114

Or fax/email your completed application to:                      Fax: 215-612-5027 or  
Email: [cwilliams@ariahealth.org](mailto:cwilliams@ariahealth.org)

## **PARTICIPATION IN THE STUDENT PROGRAM**

Volunteers serve without pay and are responsible for their own transportation and to purchase their uniforms. A volunteer is expected to be reliable and regular in attendance.

### **REQUIREMENTS**

- Must be 16 years of age or older.
- Must be able to work a regular weekly assignment.
- Must have two references completed by teachers.
- Must follow our NO Smoking policy

All students accepted for the Student Volunteer Program are required to attend an orientation session. After orientation there will be on-the-job training. Staff and experienced volunteers will participate in the training process.

**Uniforms:** Please follow the dress code outlined in the handbook.

The current Student uniform is a red golf shirt and black or khaki colored pants.

**No jeans, t-shirts, high heel shoes, shorts, stretch pants or legging pants are acceptable. SNEAKERS are preferable.**

An ID badge will be issued at the orientation session and must be worn at all times while in the hospital.

The hospital reserves the right to reject an applicant or terminate the service of a volunteer if, in the hospital's opinion, it is in the best interest of the hospital to do so.

Applications are available in the Volunteer Office or by calling 215-612-4170.

**STUDENT VOLUNTEER PROGRAM  
LETTER OF RECOMMENDATION**

(Please Print or Write Clearly)

STUDENT :

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Last	First	Middle Initial
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ADDRESS:

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CITY/STATE/ZIP:

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SCHOOL:

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The applicant above is a candidate for the Student Volunteer Program at Aria Health. Please use your judgment to comment on the following questions that assess potential, maturity, and personal competencies of the applicant. This uniform letter of recommendation allows the Volunteer Department to make a fair decision about each applicant. Your cooperation in completing and promptly returning this form will be appreciated.

1. How long have you known the applicant?

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In what capacity?

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2. How is this student's academic performance and self-motivation?

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3. How is the applicant's personality, maturity, and ability to work with others? What are the applicant's strengths and weaknesses? If possible, give illustrations.

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4. Does the applicant show dependability and commitment to a project?

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5. Please use this space to give your overall assessment and additional comments.

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To the best of your knowledge, would you recommend this student to Aria Health's Volunteer Program?

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Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

Please return this Letter of Recommendation either directly to the student or it may be mailed to:

Director of Volunteer Services  
Aria Health  
10800 Knights Road  
Philadelphia, PA 19114

Thank you for your time and effort in completing this information



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5. Please use this space to give your overall assessment and additional comments.

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To the best of your knowledge, would you recommend this student to Aria Health's Volunteer Program?

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Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

Please return this Letter of Recommendation either directly to the student or it may be mailed to:

Director of Volunteer Services  
Aria Health  
10800 Knights Road  
Philadelphia, PA 19114

Thank you for your time and effort in completing this information.

Aria Health requires that all employees and volunteers born in or after 1957, show proof of immunity for measles, mumps and rubella. **THIS PROOF MUST BE PRESENTED ON A PHYSICIAN'S PROFESSIONAL LETTERHEAD.**

**MEASLES** Any one of the following is acceptable as proof of immunity:

- born in or after 1957 - documentation of receipt of two doses of measles containing vaccine (measles, MR, or MMR) given on or after twelve months of age.
- prior health care provider diagnosed measles.
- laboratory evidence of measles immunity.
- born before 1957.

**MUMPS** Any one of the following is acceptable as proof of immunity:

- born in or after 1957 - documentation of one dose of mumps containing vaccine (mumps or MMR) given on or after twelve months of age.
- documentation of health care provider diagnosed mumps disease.

**RUBELLA** Any one of the following is acceptable as proof of immunity:

- laboratory evidence of rubella immunity.
- documentation of one dose of rubella containing vaccine (rubella, MR, or MMR).

Anyone unable to show proof of immunity for measles/mumps/rubella will be required to receive the necessary immunization from their family physician as a condition of volunteering.

Volunteers excluded from measles/mumps/rubella immunization are pregnant volunteers and volunteers with immuno-suppression.

If I can be of any further assistance, please call me at 215-612-4170 (TC).

Caroline Williams, BA, CHES, CTTS  
Director, *Volunteer Services*

**VERIFICATION: PLEASE ATTACH PROFESSIONAL DOCUMENT/RECORD**

THIS IS TO CERTIFY THAT \_\_\_\_\_

has had the vaccine or immunity from measles, mumps and rubella.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name (please print)

\_\_\_\_\_  
Physician Signature

VERIFICATION ATTACHMENT ENCLOSED